

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/091,691</td> </tr> <tr> <td>Filing Date</td> <td>March 7, 2002</td> </tr> <tr> <td>First Named Inventor</td> <td>BERGERON, JR., RAYMOND J.</td> </tr> <tr> <td>Title</td> <td>METHOD AND COMPOSITION FOR THE TREATMENT OF DIARRHEA AND GASTROINTESTINAL SPASMS</td> </tr> <tr> <td>Art Unit</td> <td>1614</td> </tr> <tr> <td>Examiner Name</td> <td>ANDERSON, JAMES D.</td> </tr> <tr> <td>Attorney Docket Number</td> <td>TZ315-907789</td> </tr> </table>	Application Number	10/091,691	Filing Date	March 7, 2002	First Named Inventor	BERGERON, JR., RAYMOND J.	Title	METHOD AND COMPOSITION FOR THE TREATMENT OF DIARRHEA AND GASTROINTESTINAL SPASMS	Art Unit	1614	Examiner Name	ANDERSON, JAMES D.	Attorney Docket Number	TZ315-907789
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I am the:
☐ Applicant/Inventor.
☒ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	12-10-10
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Title and Company	Director of Technology Licensing University Of Florida Research Foundation		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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